



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 121207**

Tuesday, June 17, 2014 4:05:18 PM

**\*121207\***

Page 2

Item ID: D3463-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Item Name: Arm

Stop **\*NS2\***

Start Date: 6/23/14 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 7/04/14 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC5- Inspect part completeness to step on W/O	0.00							
<b>*120*</b>									
QC	<b>Memo</b>	0.00							
Quality Control	Ensure 90 deg angle is within tol. (+/-0.5deg) critical dim.								DAS 9 9-89
130	CONVENTIONAL MILLING MACHINE	0.00							
<b>*130*</b>									
Mill Conv	<b>Memo</b>	0.00							
Conventional Milling Machine	1- Drill as per dwg D3463(One side only) 2-Deburr as per dwg D3463								J.C.-L. 14/09/11 2014-09-11
140	QC2- Inspect parts off machine FAI/FAIB	0.00							
<b>*140*</b>									
QC	<b>Memo</b>	0.00							
Quality Control									J.C.-L. Off 14/09/11 2014-09-11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 121207**

Tuesday, June 17, 2014 4:05:18 PM

**\*121207\***

Page 3

Item ID: D3463-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Arm

Start Date: 6/23/14

Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 7/04/14

Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

QC8- Inspect parts - second check

0.00

*mk 14/09/15***\*150\***

QC

Memo

0.00

Quality Control

*10 0*

160

Identify as per dwg & Stock Location: *W/A02* 0.00**\*160\***

Packaging

Memo

0.00

Packaging

*10 0 14/10/27*

170

QC21- Final Inspection - Work Order Release 0.00

**\*170\***

QC

Memo

0.00

Quality Control

*14/10/27**14-10-27*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div>Suspected Unapproved <input type="checkbox"/></div>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div>
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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Over/Under tolerance  <input type="checkbox"/> Part Incorrect  <input type="checkbox"/> Part Lost/Missing  <input type="checkbox"/> Part Moved  <input type="checkbox"/> Positioned Wrong  <input type="checkbox"/> Power Loss/Surge         </div> <div style="width: 30%;"> <input type="checkbox"/> Pressure/Forced  <input type="checkbox"/> Set-up  <input type="checkbox"/> Temperature/Cure  <input type="checkbox"/> Weld  <input type="checkbox"/> Wrong Stock Pulled         </div> <div style="width: 30%;"> <input type="checkbox"/> Other        </div> </div>		

# Picklist Print

Tuesday, June 17, 2014 4:05:22 PM

Page 1

Work Order ID: 121207

**\*121207\***

Parent Item: D3463-1

**\*D3463-1\***

Parent Item Name: Arm

Start Date: 6/23/14

Required Date: 7/04/14

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV. A 05.11.17 NEW ISSUE EC IPP REV:B  
ADDED MANUAL LATHE STEP 10-06-02 JLM VER:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M316TR1.00W.120

Purchased

No

100

f

98.0737

2.083

22

**\*M316TR1 00W 120\***

**\*\***

14-6-20

316 RD tubing 1.00 x .120w

Location

Loc Qty

Loc Code

MAT018

98.073684

M126182

98.073684

22

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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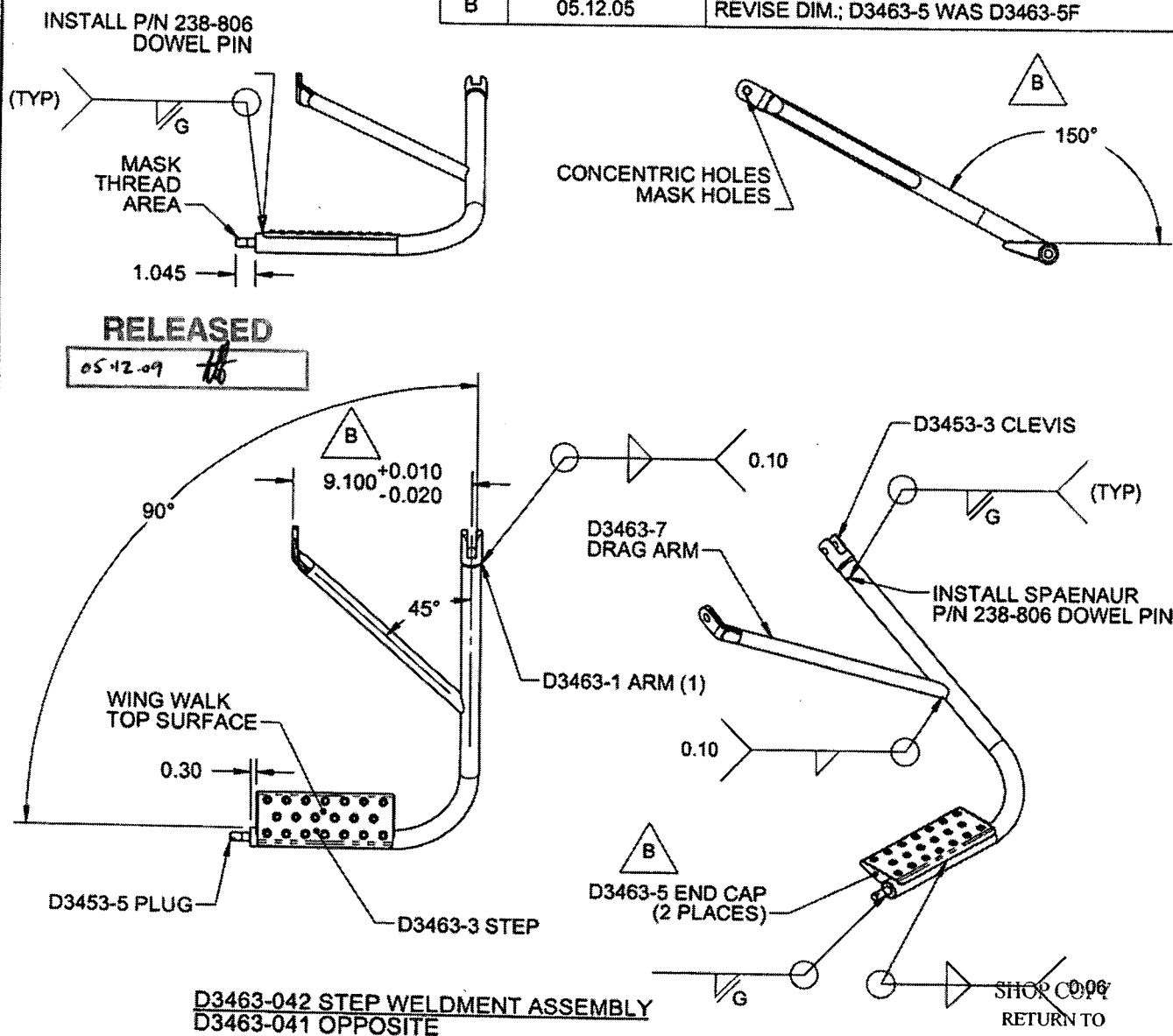
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**DART**

DESIGN RF	DRAWN BY RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. <b>D3463</b>	REV. B SHEET 1 OF 4
DATE <b>05.12.05</b>	TITLE <b>STEP WELDMENT</b> SCALE 1:8		
A	05.09.20	NEW ISSUE	
B	05.12.05	REVISE DIM.; D3463-5 WAS D3463-5F	

**NOTES:**

- 1) WELD PER DART QSI 004
- 2) FINISH: POWDER COAT WHITE (4.3.5.2) PER DART QSI 005 4.3  
BLACK ANTI-SKID PAINT PER DART QSI 005 4.4
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL UNMARKED SHARP EDGES 0.005 TO 0.010
- 6) IDENTIFY WITH DART P/N USING FINE POINT PERMANENT INK MARKER

UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE

WORK ORDER

NO. 121267 MP  
14-6-17

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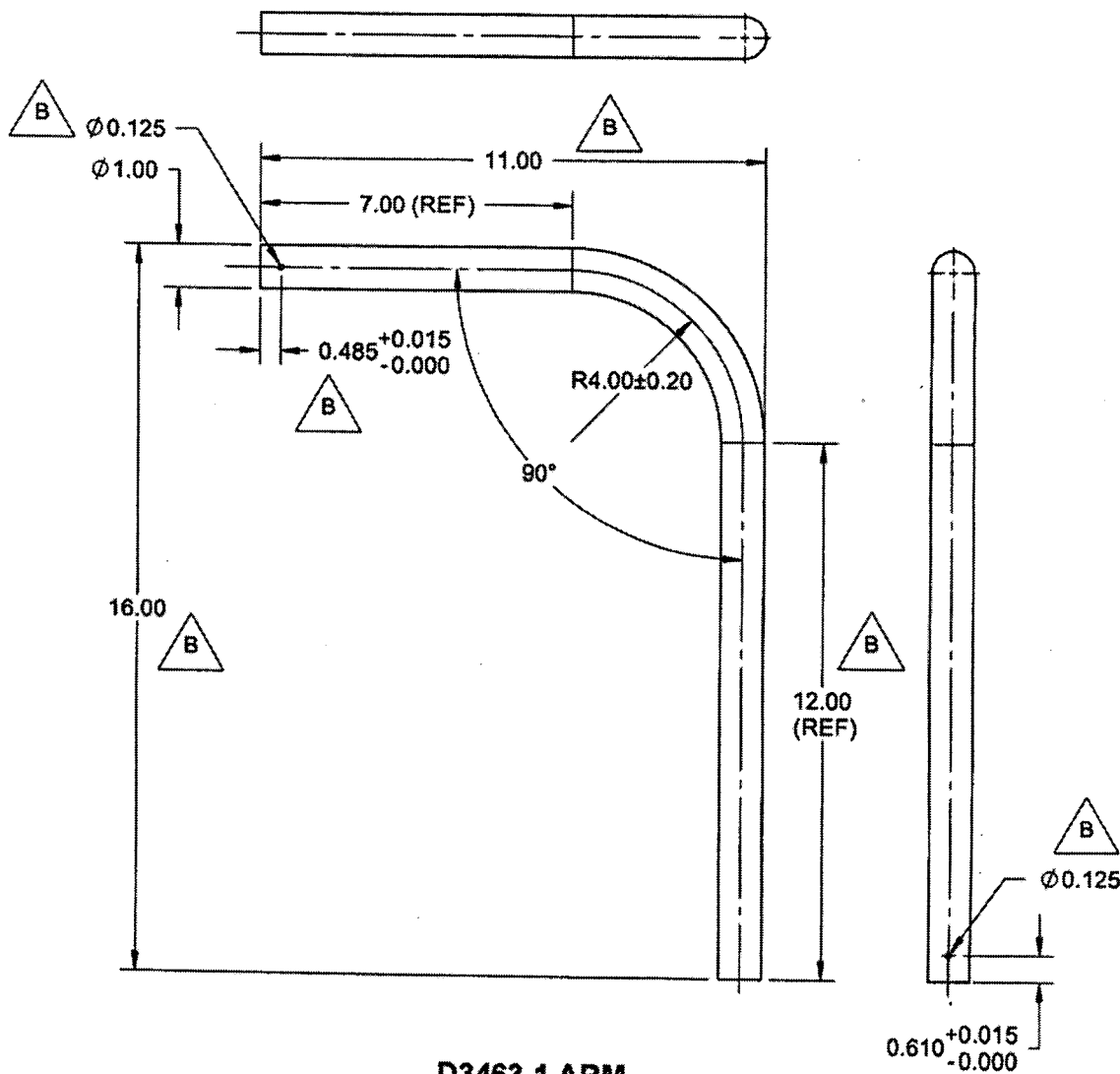
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DESIGN RF	DRAWN BY RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DRAWING NO. D3463	REV. B SHEET 2 OF 4
DATE 05.12.05	TITLE STEP WELDMENT		SCALE 1:4

RELEASED

05.12.09 *[Signature]*



**D3463-1 ARM**

**NOTES:**

- 1) MATERIAL: AISI 316/304 SS SEAMLESS TUBING (REF. DART SPEC. M304TR1.000W.120)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL UNMARKED SHARP EDGES 0.005 TO 0.025

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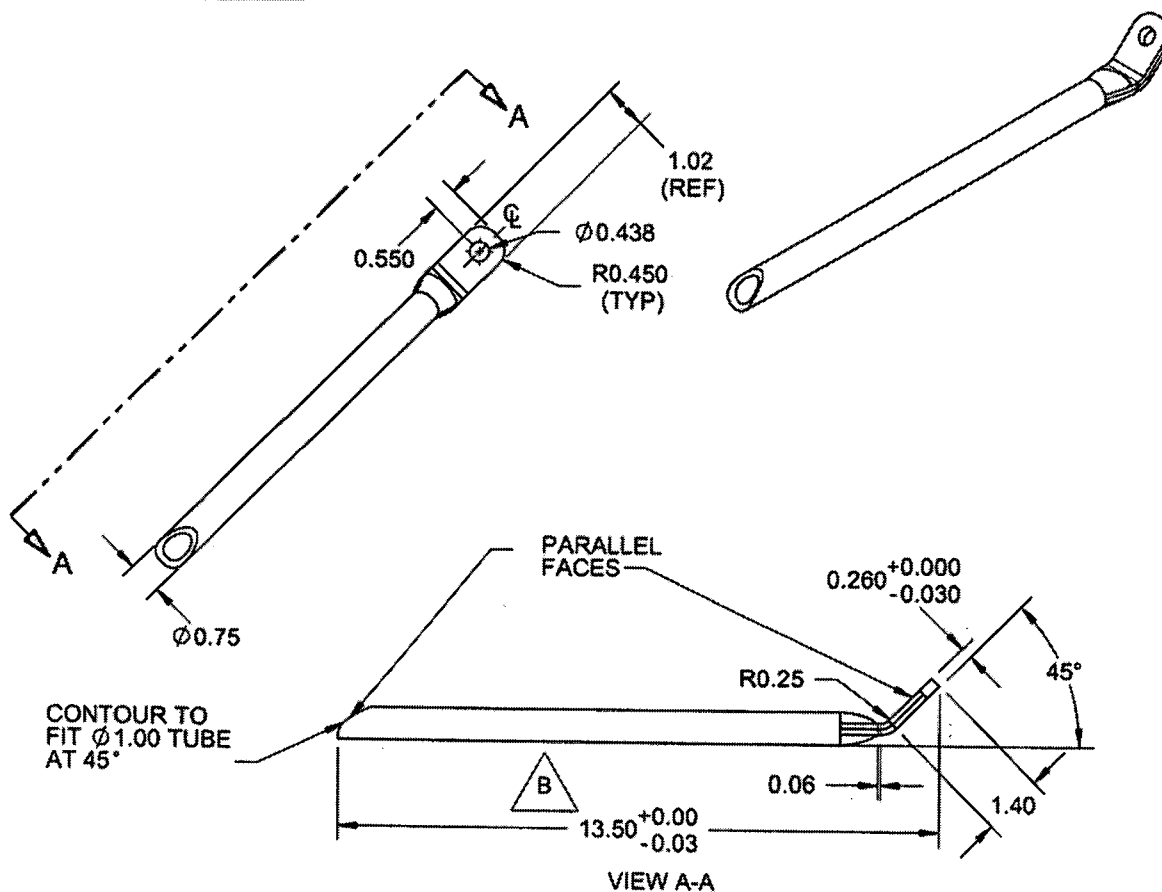
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DESIGN RF	DRAWN BY RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #6	APPROVED #1	DRAWING NO. D3463	REV. B SHEET 3 OF 4
DATE 05.12.05		TITLE STEP WELDMENT	SCALE 1:1

RELEASED

05.12.09 #1



**D3463-7 DRAG ARM**

**NOTES:**

- 1) MATERIAL: AISI 316/304 SS SEAMLESS TUBING (REF. DART SPEC. M304TR0.750W.120)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL UNMARKED SHARP EDGES 0.005 TO 0.010

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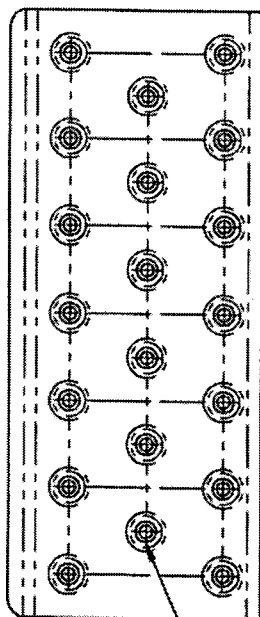
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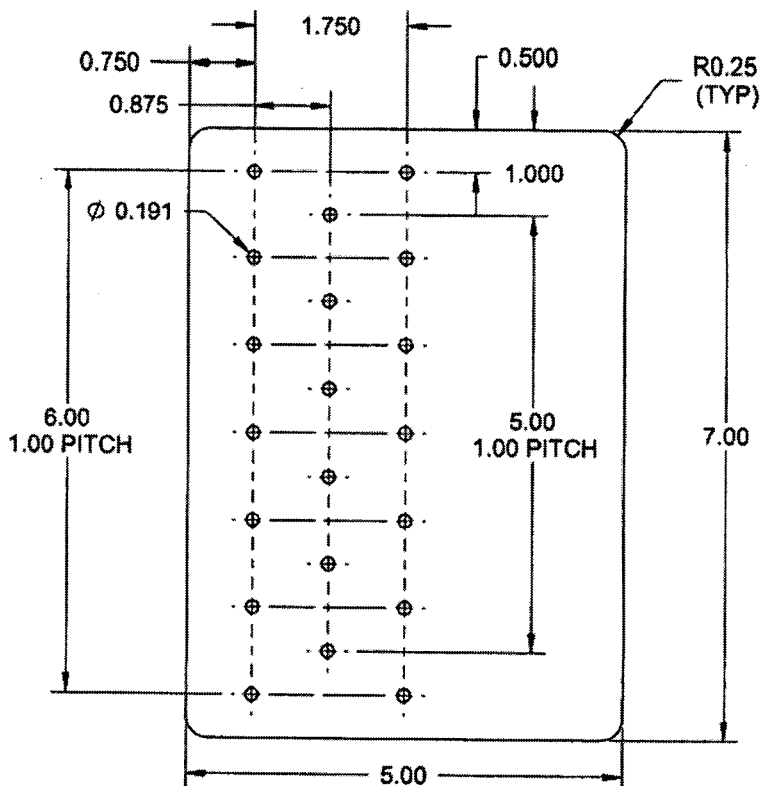
DESIGN RF	DRAWN BY RF	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
CHECKED H	APPROVED H	DRAWING NO. <b>D3463</b>	REV. B SHEET 4 OF 4
DATE <b>05.12.05</b>	TITLE <b>STEP WELDMENT</b>		SCALE 1:2

**RELEASED**

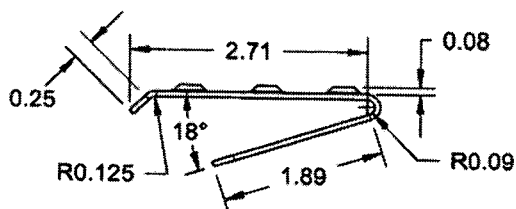
05.12.09 H



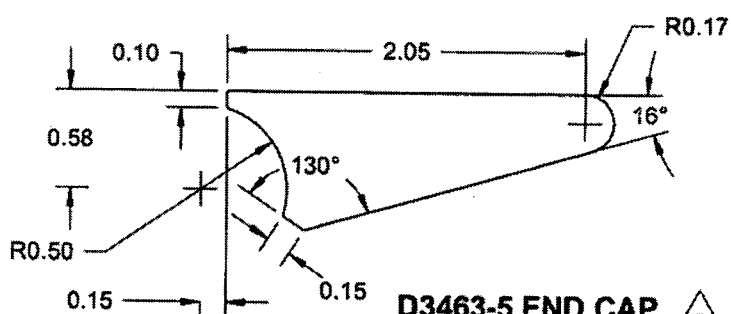
FORM USING  
D3463-3T1



**D3463-3F FLAT PATTERN**



**D3463-3 STEP**



**D3463-5 END CAP**  
SCALE 1:1



**NOTES:**

- 1) MATERIAL: AISI 304/316 SS SHEET, 0.060 THICK (REF. DART SPEC. M304S16GA)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL UNMARKED SHARP EDGES 0.005 TO 0.010

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